

MOZ000003350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

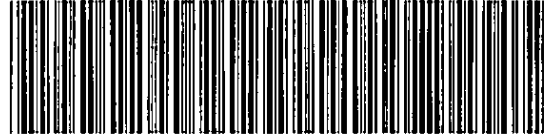
(Document Number)

Certified Copies _____ Certificates of Status _____

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4/20/21

Office Use Onl



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01/13/21--01008--002 **25.00

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2021 APR 20 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FL

Withdrawal

JUL 02 2021

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OLD BRIDGE PARK SANDESTIN LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOEL H. SCHENKMAN
(Name of Person)

OLD BRIDGE PARK CORPORATION
(Firm/Company)

11301 S. DIXIE HWY., #566418
(Address)

MIAMI FLORIDA 33256
(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

SHARON UTTERBACK at (305) 463-9838
(Name of Person) (Area Code & Daytime Telephone Number)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 APR 20 AM 8:05

SECRET
TALLAHASSEE

February 22, 2021

JOEL H. SCHENKMAN
11301 S. DIXIE HWY #566418
MIAMI, FL 33256

SUBJECT: OLD BRIDGE PARK SANDESTIN, LLC
Ref. Number: M02000003350

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore
Regulatory Specialist II

Letter Number: 621A00003950

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

OLD BRIDGE PARK SANDESTIN, LLC
(Name of limited liability company)

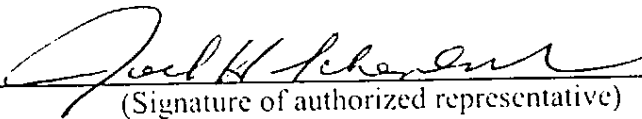
DELAWARE
(Jurisdiction of its organization)

DECEMBER 16, 2002
(Date registered with Florida Department of State)

MP2 000003350
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state effective as of the date of filing or the Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.


(Signature of authorized representative)

JOEL H. SCHEENKMAN
(Typed or printed name of signee)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA